



RECEIVED
JAN 18 2011
Secretary of State
Capitol Office
DATE STAMP

Office Sought MS HOUSE OF REP. DIST. 82 **Political Party** DEMOCRATIC

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations
<p>_____</p>	<p>_____</p>

- (1) **Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.**
- (2) **Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**
- (3) **The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,200.00 + \$ 0	\$ 1,200.00	\$ 1,200.00
Total amount of disbursements	\$ 0 + \$ 0	\$ 0	\$ 0
Total amount of cash on hand		\$ 2,996.74	

Date _____

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee WILBERT L. JONES
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>	<u>12 /21 /2010</u>	\$ <u>200.00</u>
Mailing Address <u>1602 24th ave.</u>	<u> / / </u>	\$
City, State, Zip Code <u>MERIDIAN, MS 39301</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MISSISSIPPI DENTAL POLITICAL ACTION COMMITTEE</u>	<u>8 /19 /2010</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Road, Ste. C</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>AT&T MISSISSIPPI POLITICAL ACTION COMMITTEE</u>	<u>8 /10 /2010</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capital St. Landmark Center Rm 703</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name _____	<u> / / </u>	\$
Mailing Address _____	<u> / / </u>	\$
City, State, Zip Code _____	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee WILBERT L. JONES
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$